

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

97  
98 =62-027966

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 345 Primary Registration District No. 3047 Registrar's No.

1. PLACE OF DEATH AUG 13 1962

a. COUNTY NEWTON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN NEOSHO

Length of stay in lb  
4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY McDONALD

c. CITY OR TOWN ANDERSON

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION SALE MEMORIAL

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last  
RICHARD ARTHUR GARTNER

4. DATE OF DEATH Month Day Year  
August 5 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/28/1876

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SWITCHMAN

10b. KIND OF BUSINESS OR INDUSTRY

RAILROAD

11. BIRTHPLACE (City and state or country)

LINN COUNTY, MO

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

JOHN GARTNER

13b. MOTHER'S MAIDEN NAME

EUNICE FIELDS

14. NAME OF HUSBAND OR WIFE

MAUD MAE GARTNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

MAUD MAE GARTNER ANDERSON, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio Sclerotic Heart Disease  
Diabetes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 42 to Aug 5-62 and last saw her him alive on Aug 5-1962  
Death occurred at 5:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

8/8/62

23c. NAME OF CEMETERY OR CREMATORY

PEACE VALLEY CEMETERY

23d. LOCATION (City, town, or county)

ANDERSON

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

HUMPHREY FUNERAL HOME ANDERSON, MO.

25. DATE RECD. BY LOCAL REG.

August 7, 1962

26. REGISTRAR'S SIGNATURE

Jaydene Belka

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

1 07.35  
2 06 00  
3  
4 0  
5 1  
6  
7 0  
8 0  
9 4200  
10  
11  
12 2-0  
13 6-0

AUG 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Douglass G. Mooney, Student Embalmer No. 668

working under my personal supervision.

Student Douglass G. Mooney  
Signature of Student Embalmer

Signed Wayne J. Woodard

Licensed Embalmer No. 5172

P. O. Address Quincy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.